

**BEST AVAILABLE COPY**

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	09802527	FILING DATE	3-7-01
APPLICANT(S)			

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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99						
100						
TOTAL IND.		3				
TOTAL DEP.		50				
TOTAL CLAIMS		53				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS